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CONFIRMATION NO. 1803

Bib Data Sheet

SERIAL NUMBER 10/604,804	FILING DATE 08/18/2003 RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. R252
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APPLICANTS

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**** CONTINUING DATA *******
 This appln claims benefit of 60/411,173 09/17/2002 *OK J20*

**** FOREIGN APPLICATIONS *******
J20

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 09/11/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature *Maidera* Initials *JW*

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TITLE
 UPPER ARM PROTECTION SHOULDER PAD ACCESSORY

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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